



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0098	1	Great Falls Elem	07	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.

(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		PO Box 2429	
Printed Name of Authorized Official		City	Zip Code
		Great Falls	59403
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0099	A	Great Falls H S	07	HS

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0101	3	Cascade Elem	07	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		PO Box 307	
Printed Name of Authorized Official		City	Zip Code
		Cascade	59421
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
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Helena, MT 59620-2501

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Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0102	B	Cascade H S	07	HS

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	PO Box 307	
Printed Name of Authorized Official	City	Zip Code
	Cascade	59421
Title	Date	

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Helena, MT 59620-2501

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Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0104	5	Centerville Elem	07	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		693 Stockett Road	
Printed Name of Authorized Official		City	Zip Code
		Sand Coulee	59472
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

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	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0105	C	Centerville H S	07	HS

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		693 Stockett Road	
Printed Name of Authorized Official		City	Zip Code
		Sand Coulee	59472
Title		Date	

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Office of Public Instruction
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Helena, MT 59620-2501

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	Signature



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Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0112	29	Belt Elem	07	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		PO Box 197	
Printed Name of Authorized Official		City	Zip Code
		Belt	59412
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0113	D	Belt H S	07	HS

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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		PO Box 197	
Printed Name of Authorized Official		City	Zip Code
		Belt	59412
Title		Date	

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School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0118	F	Simms H S	07	HS

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Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		Box 380	
Printed Name of Authorized Official		City	Zip Code
		Simms	59477
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0127	74	Vaughn Elem	07	EL

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Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		480 Central Avenue	
Printed Name of Authorized Official		City	Zip Code
		Vaughn	59487
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0131	85	Ulm Elem	07	EL

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Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		PO Box 189	
Printed Name of Authorized Official		City	Zip Code
		Ulm	59485
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
1195	95	Deep Creek Elem	07	EL

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Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		1508 Millegan Road	
Printed Name of Authorized Official		City	Zip Code
		Great Falls	59405
Title		Date	

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	Signature



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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
1225	55	Sun River Valley Elem	07	EL

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		Simms	59477
Title		Date	

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	Signature